



In re Application of:

KIERAN P. MURPHY, ET AL.

Application No.: 10/602,886

Filed: June 25, 2003

For: PERCUTANEOUS SPINAL CATHETER  
(AS AMENDED)

Docket No. 331202.00007

Examiner: Loan H. Thanh

Group Art Unit: 3763

Date: October 11, 2005

THE COMMISSIONER FOR PATENTS  
Washington, D.C. 20231

Sir:

Transmitted herewith is an RCE and an RCE Preliminary Amendment in the above-identified application.

☒ An additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 20	MINUS	** 20	= 0	x \$25 \$50	\$000.00
INDEP. CLAIMS	* 4	MINUS	*** 3	= 1	x \$100 \$200	\$100.00
Fee for Multiple Dependent claims \$180°/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT—						\$100.00

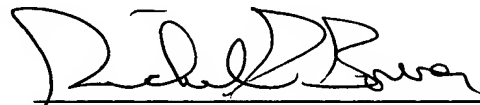
☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$\_\_\_\_\_ is enclosed.

☒ Charge \$100.00 to Deposit Account No. 50-1710 for the additional claims fee. A duplicate copy of this sheet is attached.

- ☐ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 50-1710 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 50-1710. A duplicate copy of this paper is enclosed.
- ☐ Charge \_\_\_ to Deposit Account No. 50-1710 to cover the fee for a \_\_\_ month extension of time fee. A duplicate copy of this paper is attached.
- ☐ Charge \$\_ to Deposit Account No. 50-1710 to cover the Information Disclosure Statement fee. A duplicate copy of this paper is attached.
- ☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 625-3507. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



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